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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re patent application of:
Pierre CESARO, *et al.*

Appln. No.: 09/653,717

Filed: September 1, 2000

For: Use Of Nicotine Or Derivative
Thereof For The Treatment Of
Neurologic Diseases, In Particular
Parkinson Disease X

Group Art Unit:

Examiner:

Date: February 22, 2001

Assistant Commissioner For Patents
Washington, D.C. 20231

PRELIMINARY AMENDMENT

Sir:

In the above-identified patent application, please amend the specification and claims as follows:

In the Specification:

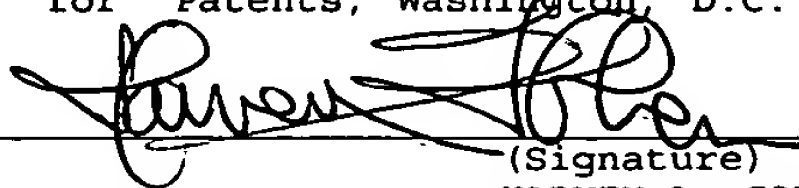
On page 3, please replace the paragraph beginning on line 29 with the following:

A study carried out by A. M. Janson et al., (1994), 655: 25-32 described results of chronic treatment in the rat. The treatment termed "long-term" was also in this case 14 days, which is not comparable with the treatment with the drug of the invention.

02/28/2001 SSITHIB1 00000087 121095 09653717

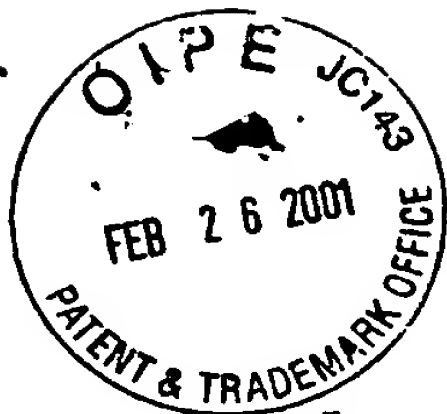
01 FC:103 162.00 CH

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class mail in an envelope addressed to Assistant Commissioner for Patents, Washington, D.C. 20231 on February 22, 2001.


(Signature)

HARVEY L. COHEN

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of
Pierre CESARO, et al.
Application No. 09/653,717
Filed: September 1, 2000
For: Use Of Nicotine Or Derivative...
X

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.
The fee has been calculated as shown below.

CLAIMS AS AMENDED

(1)	(2)	(3)	(4)	(5)	(6)	(7)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PAID FOR	NUMBER OF EXTRA CLAIMS	RATE	ADDL. FEE
TOTAL CLAIMS	* 29	MINUS **	20	= 9	x \$ 18 = \$	162.00
INDEP. CLAIMS	* 3	MINUS ***	3	= 0	x \$ 80 = \$	0.00
FEE FOR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM(S)					\$270 = \$	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT.....						\$ 162.00

- * If the entry in col. 2 is less than entry in col. 4 write "0" in col. 5.
** If the "highest number paid for" in this space is less than 20, write "20" in this space.
*** If the "highest number paid for" in this space is less than 3, write "3" in this space.

1. ☐ No additional fee is required.
2. ☒ Charge \$162.00 or any additional fees or credit overpayment to Deposit
Account No. 12-1095. A duplicate copy of this sheet is enclosed.

LERNER, DAVID, LITTENBERG,
KRUMHOLZ & MENTLIK, LLP


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